Integrating PMTCT into Routine Maternal and Child Health Services

Tanya Doherty (Health Systems Trust & Medical Research Council)
Mickey Chopra (Medical Research Council)

Background

- PMTCT services are being scaled up across the country.
- Opportunities exist for PMTCT to have a positive impact on the health services
- However, it could also worsen already weak services.

Positive spin-offs of PMTCT programme

- Injection of resources and personnel into the PMTCT programme would benefit mother and child health (MCH).
- Managerial capacity could be strengthened.
- Directly or indirectly improve the care of pregnant women and their babies.

Positive spin-offs of PMTCT programme

- Upgrades and additions to existing infrastructure may also potentially improve other services.
- By providing an effective HIV/AIDS care intervention, the morale of staff may improve and the stigma associated with this disease reduced.

Potential Negative impacts of PMTCT programme

- Impact on already overstretched nursing staff.

- Emphasis on HIV/AIDS may detract from other components of mother and child care.
  - For example, would the unmet needs of family planning be overlooked in the fight against HIV/AIDS?

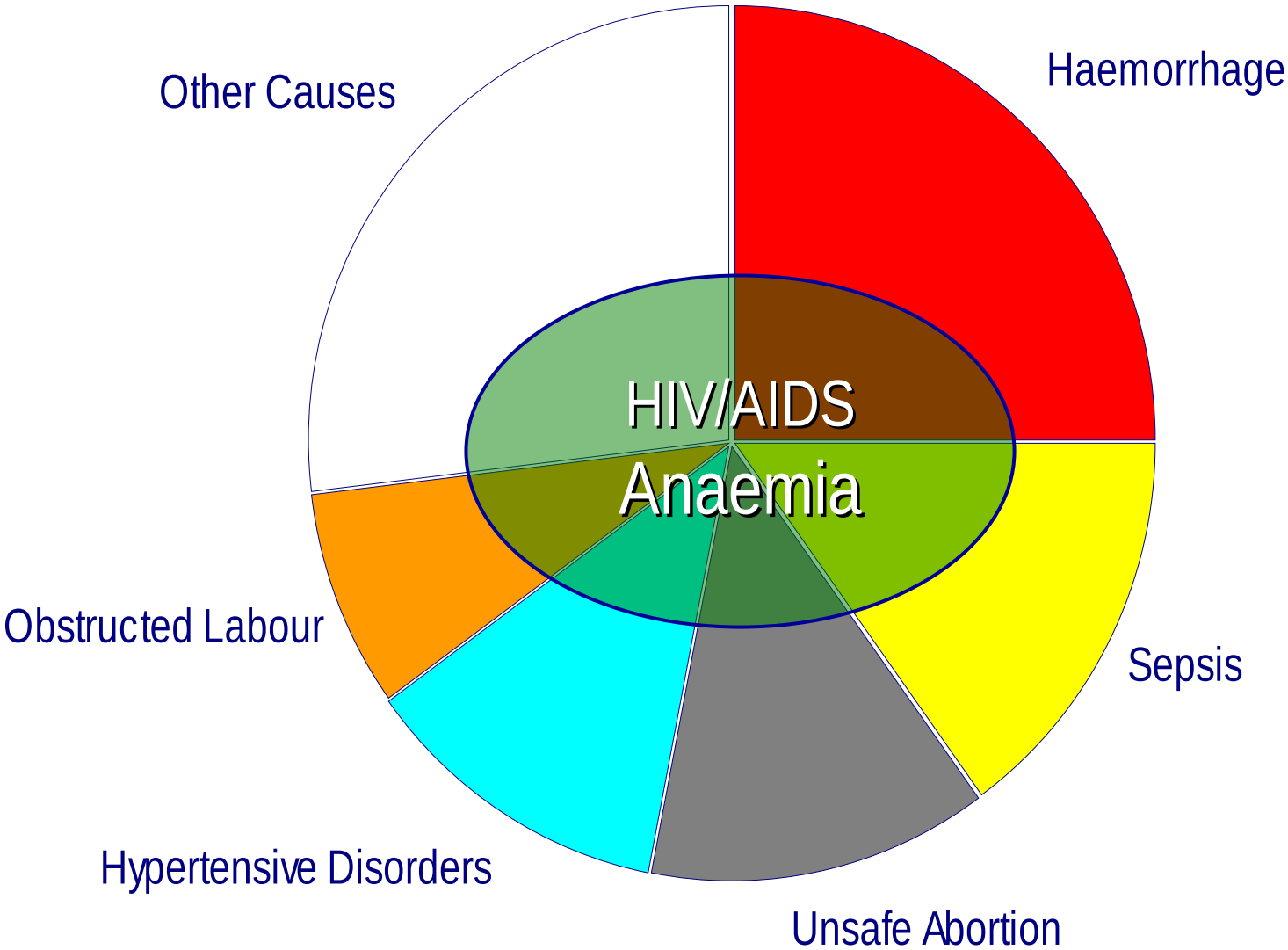
Potential Negative impacts of PMTCT programme

- How would the bureaucracy react to the implementation of a completely new programme on which staff needed to be trained from scratch?

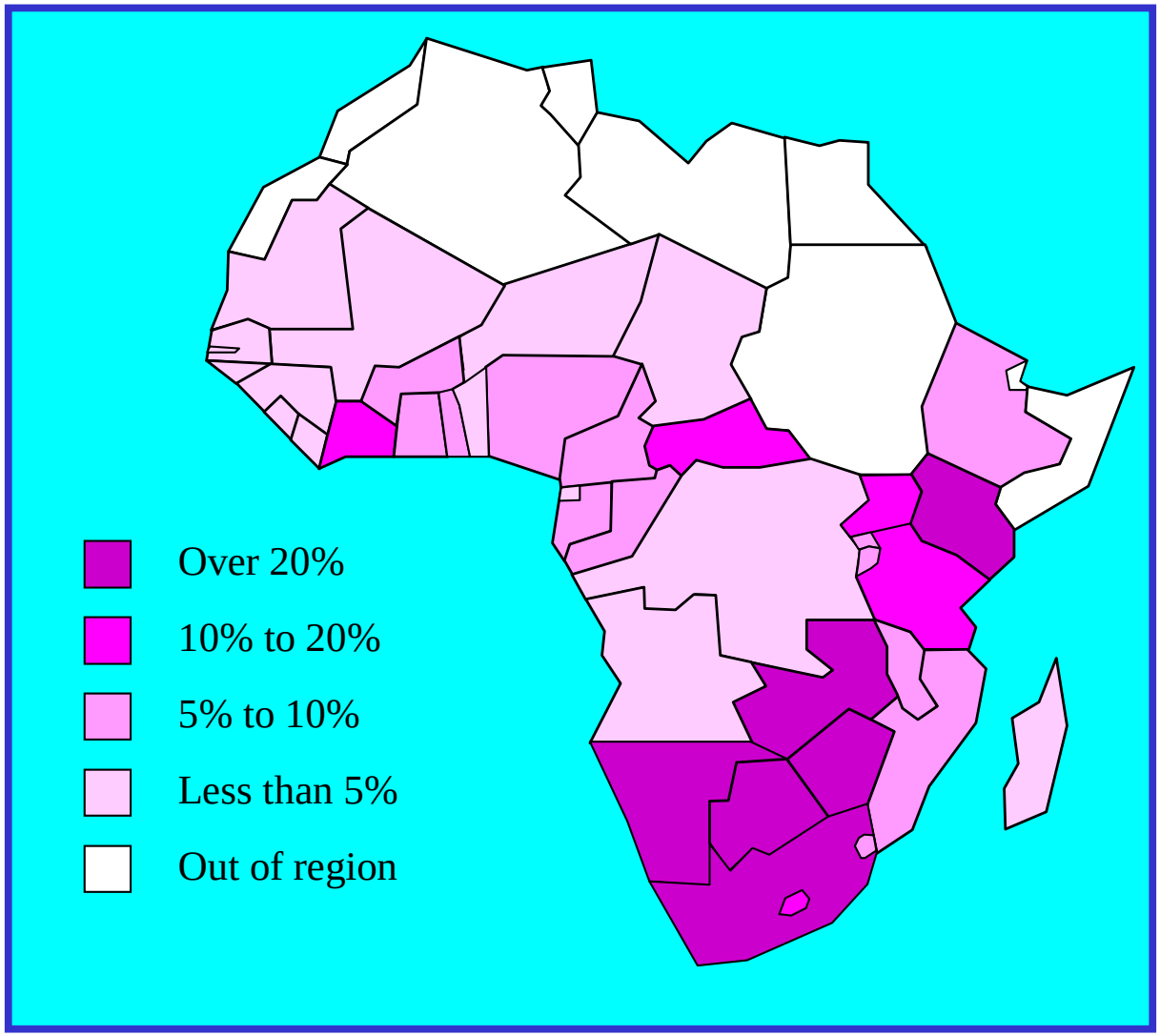
Why the need to integrate?

- HIV is a significant contributor to maternal and infant mortality
- HIV prevalence rates amongst pregnant women in South Africa range from 15.4% in W.C to 40.7% in KZN.
- HIV needs to be a central focus of all health worker client consultations.

Major Causes of Maternal Mortality in South Africa



Proportion of under-5 mortality attributable to HIV/AIDS in sub-Saharan Africa, in 1999



Source: Walker, *Lancet* (2002).

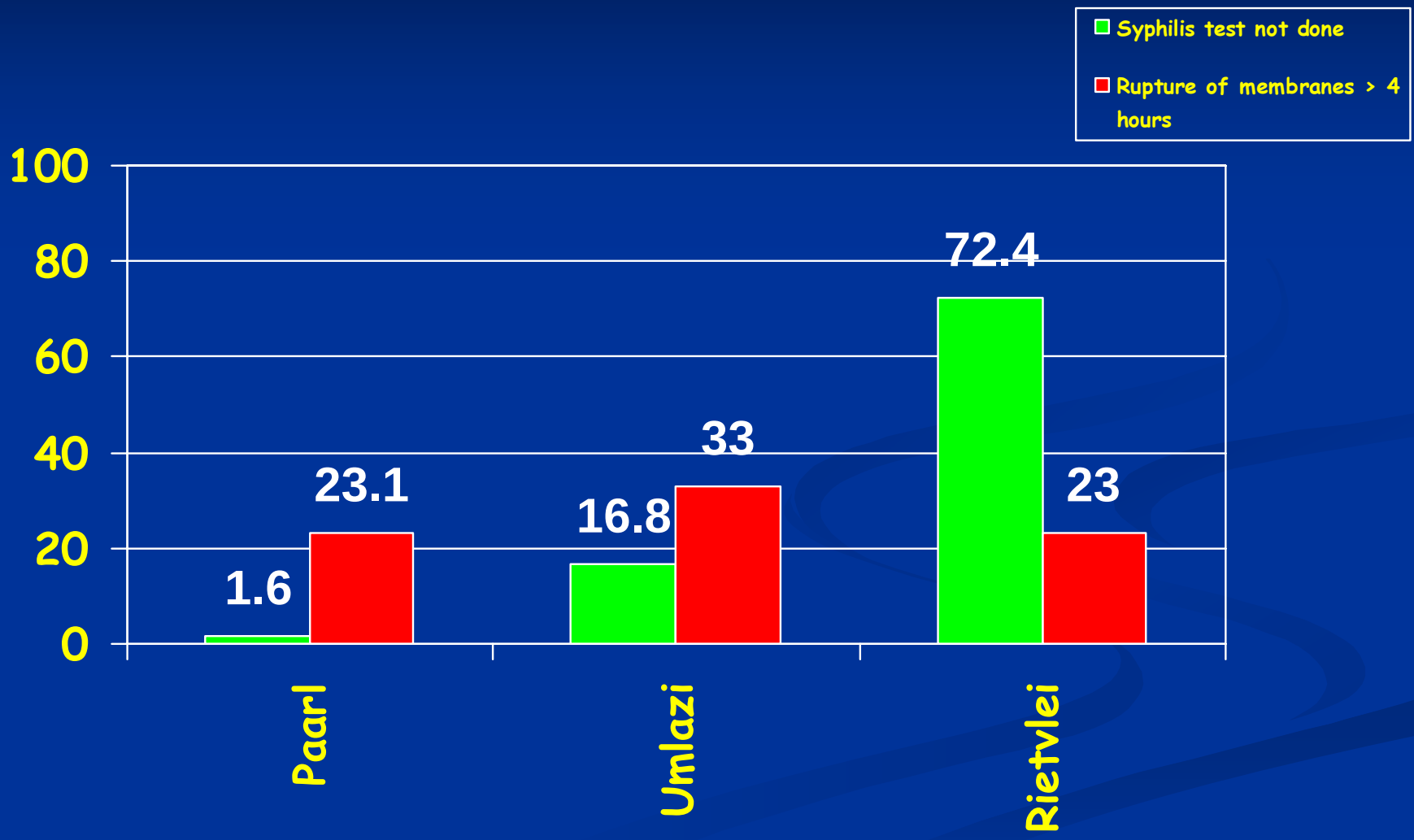
Experience to date

- …….. PMTCT has been implemented as a vertical programme for reasons of efficiency.
- Initial evaluations found:
  - Poor follow up of mothers and infants
  - Lack of “ownership” among those not trained- ‘PMTCT is the lay counsellor responsibility’
  - Low levels of knowledge about MTCT risks and infant feeding

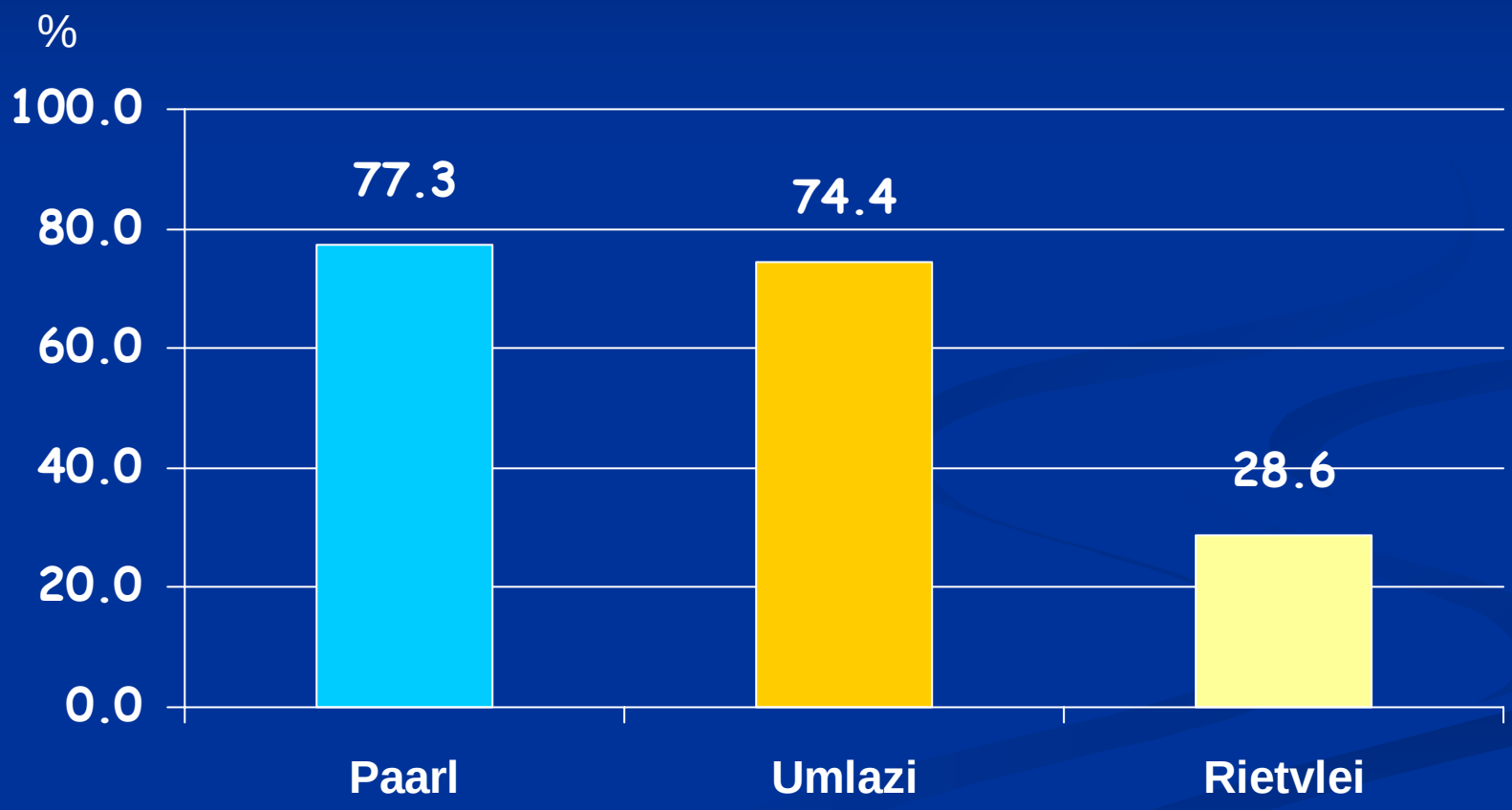
National PMTCT Cohort Study

- First large scale assessment of operational effectiveness of PMTCT
- Findings related to integration:
  - In a sub-sample of PMTCT clients only 50% had heard of ARVs.
  - In one site only half of HIV positive women were using a form of contraception postpartum.

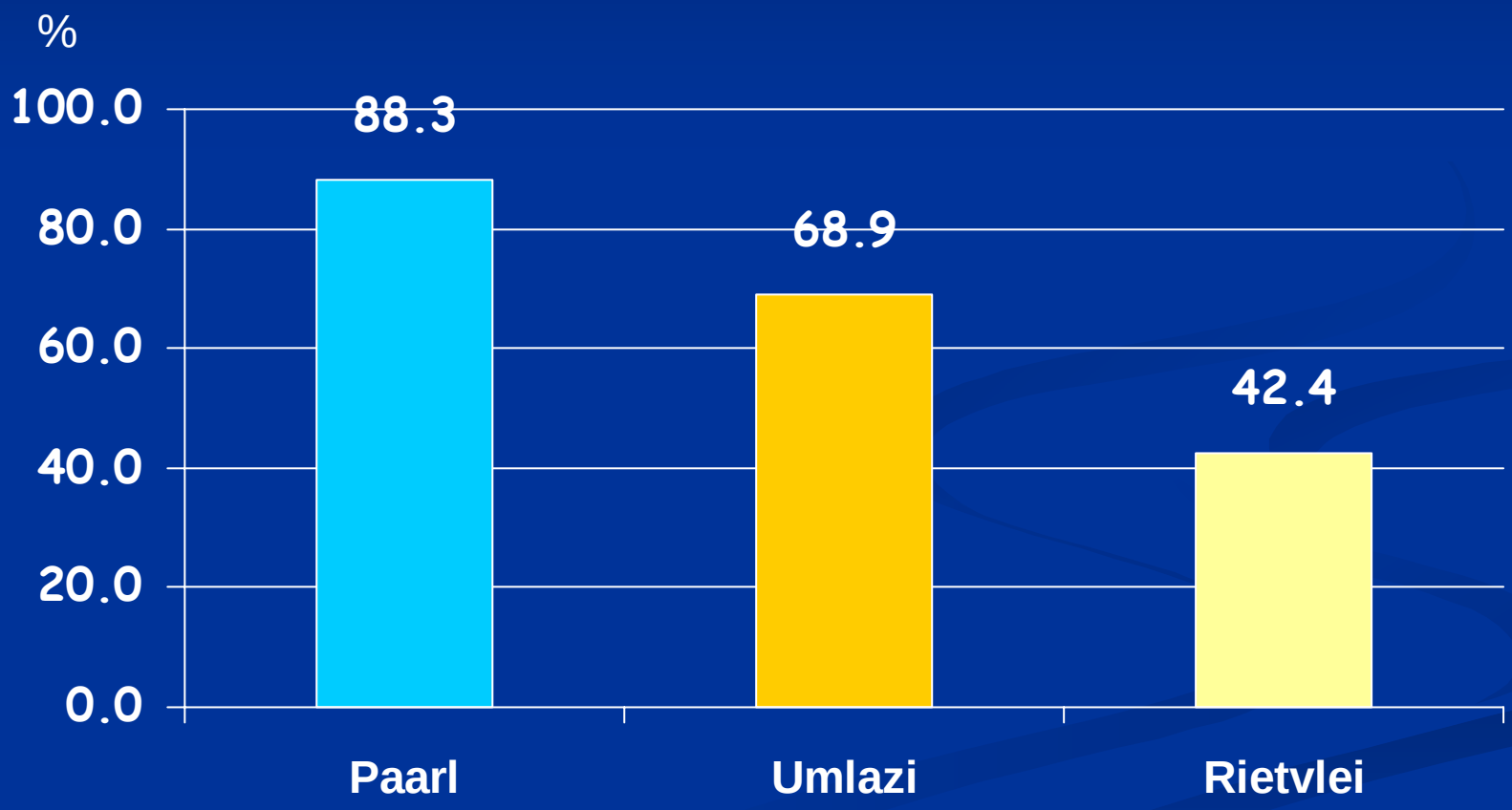
Addressing risk factors



Co-trimoxazole Prophylaxis



Completed Immunisation @ 24 weeks



Benefits of integration

- Better identification of STIs
- Improvement in antenatal care leading to reductions in low birth weight infants
- Infant feeding counselling for all women irrespective of HIV status

→ All of these will lead to reductions in MTCT

Aims of the integration process

- To ensure that all health workers – from the assistant nurse to the facility manager are sensitized to HIV/AIDS.
- To create opportunities for HIV counselling and testing at every consultation preferably ‘opt out testing’.
- To ensure that all women who test HIV positive can be referred for a CD4 count and assessment for ARVs.
- To ensure that postnatal clinic visits include a component on HIV/AIDs to determine infants requiring testing and co-trimoxazole.

Shift in thinking

- Models of integration focus on protocol development and training which has limited impact.
- Key management and health systems challenges not addressed.

How do we get there…

- Any attempt at integration has to consider:
  - Roles and responsibilities
  - Skills and capacity
  - Supervision
  - Leadership
  - Morale and motivation

More training is not the answer…

Integration planning

1. Assessment of health facilities with a focus on:
   - Structure of the facility and flow of clients (does it allow easy referral pathways?)
   - Time flow assessment (how do staff use their time?)
   - Cadres of health worker and skills available in a facility (who is best suited to perform particular tasks?)

Participatory planning process

- Results of assessment shared with staff.
- Identification of areas for re-prioritisation/ re-allocation.
- Models such as ‘health workers for change/ values clarification/ quality improvement’ adapted as part of the change process.

Evaluation of the intervention

- Assess health systems consequences of change
- Tracking key indicators:
  - HIV testing uptake
  - Referrals for CD4 count
  - Testing of infants in PMTCT
  - Co-trimoxazole coverage
  - Family planning coverage amongst women with HIV

Conclusions

- Integration creates opportunities for greater HIV/AIDS awareness and behaviour change.
- Making HIV/AIDS a core component of all contacts between health care workers and clients will hopefully lead to reductions in stigma (health worker and community stigma)
- Integration is the best way to ensure that the maximum number of women and children benefit from HIV/AIDS services.